

Requesting a PFAS test via Sonic Healthcare



Sonic Healthcare is the contracted pathology service providing PFAS testing under the Australian Government Department of Health's Voluntary Blood Testing Program.

A specific blood testing request form has been developed for this program to ensure that all payments for these tests will be sent to the Australian Government Department of Health. Should you require additional request forms please email commercial.path@sonichealthcare.com

Please see below for some advise on completing the PFAS request form

Please complete the patient details here



Lab ID Number		 SONIC HEALTHCARE Quality is in our DNA		 Australian Government Department of Health		Lab ID Number	
Patient Last Name		Given Name		Sex		Date of Birth	
Patient Address		Telephone (Home)					
Tests Requested: <p style="text-align: center;">PFAS (Per - And Polyfluoroalkyl Substances) - Blood Testing</p> <p style="text-align: center;">SRA PLEASE NOTE: No other testing authorised</p>							
Clinical Notes: <p style="text-align: center;">DEPARTMENT OF HEALTH VOLUNTARY BLOOD SCREENING</p>							
Referral Expiry Date: 31 March 2018				DOCTOR'S SIGNATURE NOT REQUIRED			
Copy Reports To: HXT76				Referring Doctor:			
				Referring Doctor details must be printed here.			
Account Name/Address Dept of Health		Pay Cat. DHPF	Loc Code:	Coll. Type:	Staff ID	Spec. Legend	
Patient/Guardian Declaration <i>I certify that the pathology specimen accompanying the request was collected from me, the patient stated above as established by direct inquiry.</i> Patient Signature _____ Date of Collect: ____/____/____ Time of Collect: _____							
Patient consent for testing							
I, _____ hereby consent to my blood sample to be tested for Per-And Polyfluoroalkyl substances. The results of these test will be de-identified and sent to the Department of Health. Signature _____ Date _____							
Patient consent for Epidemiological Study Research							
I, _____ hereby consent to my blood sample and result being sent to Australian National University to participate in the Epidemiological Study and understand that I may be contacted by the Study researchers into the future. Signature _____ Date _____							
Patient Information							
To find you local Sonic Healthcare collection centre, please go to www.soniccommercialpath.com.au This a <u>not</u> a fasting test. Please ensure you drink at least <u>two</u> glasses of water prior to visiting your local collection centre.							

Please nominate the patient's investigation area.

The patient should consider providing consent to Health receiving de-identified results and participation in the ANU Epidemiological study



Eligible patients can present to any of Sonic Healthcare's 1500+ collection centres nationwide. To find your closest centre please go to www.soniccommercialpath.com.au. Testing requires 2 x SST tubes to be collected and transported between 2-8°C

Results will be available 7 days after receipt of the sample in the laboratory. Results will be delivered to the referring Doctor listed on the referral.

All queries in relation to this testing service please contact Sonic Healthcare at commercial.path@sonichealthcare.com